

Disability Management Services, Inc.

A Third Party Administrator for
Massachusetts Casualty Insurance Company
7th Floor 155 Federal Street
Boston, MA 02110
Tel: (800) 462-9897

March 20, 2003

3/26/03 1.5° R.R.
Awaiting raw data

Mitchell Clionsky, Ph.D.
Neuro-Psychology Associates of Western Mass.
155 Maple Street
Springfield, MA 01105

Re: Eric Jeffries
Claim #: 402696
Policy #: 641734

Sent overnight mail

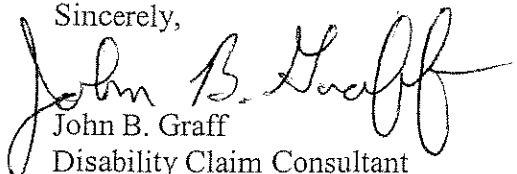
Dear Dr. Clionsky:

Thank you for your reports of January 3, 2002 and March 31, 2002 regarding the above named insured.

We are in receipt of Mr. Jeffries March 15, 2003 Nueropsychological Report performed by Michael F. Hartings, Ph.D. [copy enclosed]. We would like you to review and comment on the results of the exam and the exam itself, as well as the objective testing performed. We have requested the exams raw data directly from Dr. Hartings' office and are in the process of forwarding this documentation to you.

We will await your review. If you should have any questions or concerns, please feel free to contact me at 800-462-9897 ext. 1855.

Sincerely,



John B. Graff
Disability Claim Consultant
Disability Management Services

Enc.: copy of 3-15-03 IME report
JBG



MITCHELL I. CLIONSKY, Ph.D.

Licensed Clinical Psychologist

Diplomate, ABPP (CN)

May 5, 2003

John B. Graff
Disability Management Services
7th Floor
155 Federal Street
Boston, MA 02110

Re: Eric Jeffries
Claim: 402696
Policy: 641734

Dear Mr. Champagne:

Following is my analysis of the independent neuropsychological evaluation report of Mr. Jeffries performed by Michael Hartings, Ph.D. in July 2002 and February 2003. I have also had the chance to review Dr. Hartings' raw data supporting his report. I have the following conclusions:

1. This is a comprehensive and well-balanced neuropsychological evaluation that investigates the major cognitive domains and cures many of the shortcomings in the previous evaluations performed by Drs. Sandman and Bastien.
2. Dr. Hartings also finds abnormalities on Mr. Jeffries' tests and does not attribute them to malingering, as Mr. Jeffries satisfactorily passed a well-developed measure of effort that he was administered.
3. Dr. Hartings finds slowness in processing speed, as had been the case in previous evaluations as well as mild absolute weakness (relative to the general population) and more severe comparative weakness (relative to Mr. Jeffries' well-preserved intelligence) across most tests of memory. He also points out, however, that there is fluctuation and variability in the scores on measures of processing speed and memory that do not fit the pattern of people with true neurological illness. He also notes that abstract reasoning on the Categories Test (a measure that typically correlates the highest with overall cognitive functions) was well within the range for someone of his background and age.
4. Dr. Hartings provides a range of personality measures, both standardized and projective, that include the MMPI-2, the Millon Clinical Multiaxial Inventory-III, and the Rorschach method. On the MMPI-2 and the MCMI he finds a profile that is strongly positive for somatization disorder, conversion type, with obsessive-compulsive tendencies, and bizarre somatic preoccupations. The Rorschach responses indicated a

Jeffries, Eric
March 31, 2002
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highly ruminative, obsessive and hesitant style, which Dr. Hartings had discussed with some vivid examples of Mr. Jeffries' approach to the testing situation. He finds that this overly obsessive and intellectualized style causes him to over-think and ruminate to the extent that it can interfere with smooth and effective thinking.

5. Of particular relevance is a statement by Dr. Hartings regarding the inconsistency of Mr. Jeffries' impaired memory test scores in comparison to his very detailed and specific account of his complaints and their chronology. He described him as having a "focused, relentless, and persistent" pursuit of definitive medical diagnosis. Furthermore, he points out that "in the pursuit of his medical diagnosis and treatment, Mr. Jeffries shows no cognitive or behavioral disability whatsoever."
6. I agree with Dr. Hartings that it is extremely unlikely that Mr. Jeffries suffers from a neurological condition and that his complaints and test results are better explained by a psychological disorder, probably best described as Somatization Disorder, severe and Obsessive-Compulsive Personality Disorder.
7. The importance of the personality testing is that it offers a real possibility that effective treatment (probably involving medication and counseling) could help Mr. Jeffries to regain his confidence and cognitive efficiency such that he could reenter his profession and feel physically more normal. I recall that Dr. Bastien had reached much the same result on personality testing, but then had thrown away the information, rationalizing that it was an unwelcome outcome of the personality instrument's antiquated view of chronic fatigue syndrome or an esoteric autoimmune disorder, rather than appreciating its insight into her patient's psychological response to the world.
8. I could not disagree more with Dr. Bastien. She threw out the baby and kept the bath water when she ignored the personality test results. I believe that Dr. Hartings' conclusions are much more reasonable, given the history, presentation, and test data and that they offer true hope for Mr. Jeffries. I also agree that a psychiatric evaluation and treatment would be of great potential value.

Yours truly,



Mitchell Clionsky, Ph.D.
Diplomate in Clinical Neuropsychology
American Board of Professional Psychology